

<b>Case Number:</b>	CM14-0196813		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 42 year old male was a store stocker when he sustained an injury on October 23, 2012. The injury occurred when putting boxes up on the second floor. Past treatment included preoperative physical therapy. On June 20, 2014, the injured worker underwent a right lateral epicondylitis release. On August 6, 2014, the treating physician noted the injured worker had right elbow surgery and was going to physical therapy. The pain was persistent, but better. The pain was 2/10 with medications and 6/10 without medications. He still had right shoulder and neck pain. The physical exam revealed the bilateral upper and lower extremities had normal reflexes, sensory, and power testing, except for numbness and weakness on the right C6. Positive right elbow tenderness, decreased cervical range of motion about 10%, a negative Lhermitte's and an unequivocal Spurling's sign. Diagnoses were right elbow straining injury versus lateral epicondylitis, right shoulder sprain, and possible cervical radiculopathy. The physician treatment plan included an MRI of the cervical spine, refill of medications, which included pain, non-steroidal anti-inflammatory, proton pump inhibitor, muscle relaxant medications. Current work status is moderate duty, but the injured worker had not returned to work. On October 13, 2014, Utilization Review non-certified 1 prescription for Anaprox-DS (Naproxen Sodium) 550mg, #90, DOS: 8/6/14, 1 prescription for Fexmid (Cyclobenzaprine) 7.5mg, #60, DOS: 8/6/14, 1 prescription for Ultram (Tramadol Hcl ER) 150mg, #60, DOS: 8/6/14, 1 prescription for Protonix (Pantoprazole) 20mg, #60, DOS: 8/6/14, and Full panel drug screen, DOS: 8/6/14 requested on September 18, 2014. The Anaprox-DS was non-certified based on the lack of

evidence of objective functional gains to support the subjective improvement and the California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for NSAIDS (non-steroidal anti-inflammatory drugs) was cited. The Fexmid was non-certified or modified based on the lack of evidence of objective functional gains to support the subjective improvement, the lack of evidence of muscle spasms, tensions, and acute exacerbation of pain, and the guidelines do not support the long-term use of this medication. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for muscle relaxants (for pain) and the ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation) for non-sedating muscle relaxants were cited. The Ultram was non-certified on the lack of evidence of objective functional gains to support the subjective improvement, and the lack of documentation of urine drug screening results, a risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and the injured worker. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, criteria for use of a therapeutic trial of opioids was cited. The Protonix was non-certified based on the non-approval of the NSAID (non-steroidal anti-inflammatory drug) and the lack of evidence gastrointestinal complaints and objective functional gains. Additionally, the medication is an "N" drug on the ODG-TWC Formulary. There is no documentation that indicates there it's more beneficial to the injured worker than a "Y" drug in this medication class, or that the injured worker had failed a trial of "Y" drug in this medication class. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines NSAID (non-steroidal anti-inflammatory drug) was cited. The full panel drug screen was non-certified based on the lack of documentation of prior urine drug screen results and documentation indicating the injured worker is at anything but minimal risk for medication misuse. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for drug testing was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Fexmid (Cyclobenzaprine) 7.5mg #60 provided on date of service 8/6/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Pain, Cyclobenzaprine (Flexeril) Up To Date, Flexeril

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1)

determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding Cyclobenzaprine, recommended as an option, using a short course of therapy . . . The addition of cyclobenzaprine to other agents is not recommended. Several other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Fexmid (cyclobenzaprine) 7.5mg #60 provided on date of service 8/6/14 is not medically necessary.

**Ultram (tramadol HCL ER) 150mg #60 provided on date of service 8/6/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram; 1/2)

**Decision rationale:** Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. ODG further states, Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen. The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for Ultram (tramadol HCL ER) 150mg #60 provided on date of service 8/6/14 is not medically necessary.

**Protonix (pantoprazole) 20mg #60 provided on date of service 8/6/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** Protonix is the brand name version of Pantoprazole, which is a proton pump inhibitor. MTUS states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." ODG states, if a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011). The patient does not meet the age recommendations for increased GI risk. The medical documents provided establish the patient has experienced GI discomfort, but is nonspecific and does not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Additionally ger guidelines, Pantoprazole is considered second line therapy and the treating physician has not provided detailed documentation of a failed trial of omeprazole and/or lansoprazole. As such, the request for Protonix (pantoprazole) 20mg #60 provided on date of service 8/6/14 is not medically necessary.

**Full panel drug screen provided on date of service 8/6/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids

once during January-June and another July-December. The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for Full panel drug screen provided on date of service 8/6/14 is not medically necessary.